

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			02/14/01
FORMALITY REVIEW	DR	TC 402	C2-27-01
RESPONSE FORMALITY REVIEW	M.H	675	05-15-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1	3-19-01
2	3-19-01
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11	M.H
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Claim	Date
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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